PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application of Docket Number

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CLAIMS A	SMALL TYPE	ENTITY	OR	OTHER	R.THAN			
TOTAL CLAIMS	u	4		RATI	E FEE	7	RATE	FEE
FOR	NUMBER FILED NUMB		UMBER EXTRA	BASIC	FEE 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	以)minus 20= * え		۷ \	X\$ 9	=	OR	X\$18=	378
INDEPENDENT CLAIMS	(1 minus 3 = 3		9	X40	=	OR	X80=	720
MULTIPLE DEPENDENT CLAIM PRESENT					=	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					\L	OR	TOTAL	180 8
CLAIMS AS AMENDED - PART II								THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST					LL ENTITY	:OR	SMALL	ENTITY
REMAINING AFTER AMENDMENT Total • /// Independent • /2		NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • H/	Minus	4/	=	X\$ 9		OR	X\$18=	
Independent • 12	Minus	(2	-	X40=	=	OR	X80=	·
FIRST PRESENTATION OF M	OLTIPLE DEI	PENDENT CL	AIM	+135:		OR	+270=	
				TOT		OR	TOTAL	
(Column 1)		on is (Column ()	ADDIT. F	EE	7 ₀₀	ADDIT. FEE	ł
CLAIMS REMAINING AFTER AMENDMENT Total Independent		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	Minus		=	X\$ 9=		OR	X\$18=	<u> </u>
Independent ★	Minus	***	=/*	X40=		1	X80=	
FIRST PRESENTATION OF MI	JLTIPLE DEF	ENDENT CL	AIM 🔲]		OR	7,00-	
				+135=	= .	OR	+270=	
				ADDIT. FI	AL EE	OR	TOTAL ADDIT. FEE	
(Column 1)	•	(Column 2	2) (Column 3)			:		
CLAIMS REMAINING AFTER AMENDMENT Total Independent FIRST PRESENTATION OF MI		HIGHEST NUMBER PREVIOUSL PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus	**	=	X\$ 9=		OR	X\$18=	- i - j
Independent *	Minus	***	=	X40=			X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	•	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3						OR	+270=	
If the Highest Number Previously Pa	aid For IN THE	S SPACE is less	than 20, enter "20.		= F	JOR:	TOTAL ADDIT. FEE	Marine more.
The Highest Number Previously Pa	d For (Total o	Independent) i	s the highest number	er found in the	appropriate bo	x in co	lumn 1.	ALE STATE STATE OF THE STATE O